

**UNITED STATES GOVERNMENT  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 31**

CATHOLIC HEALTHCARE WEST SOUTHERN  
CALIFORNIA d/b/a MARIAN MEDICAL CENTER <sup>1/</sup>

Employer

and

Case No. 31-RC-8045

CAREGIVERS AND HEALTHCARE  
EMPLOYEES UNION (CHEU)

Petitioner

**DECISION AND DIRECTION OF ELECTION**

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, herein referred to as the Act, a hearing was held before a hearing officer of the National Labor Relations Board, herein referred to as the Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record in this proceeding, the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.<sup>2/</sup>
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.<sup>3/</sup>
3. The labor organizations involved claim to represent certain employees of the Employer.<sup>4/</sup>
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of the Section 9(c)(1) and Section 2(6) and (7) of the Act.

5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:<sup>5/</sup>

**INCLUDED:** All full time and regular part-time technical employees, skilled maintenance employees and other non-professional employees employed by the Employer at its facility at 1400 East Church Street in Santa Maria California, including employees in the following job classifications: Biomed Tech; Maintenance Engineer; Cardiovascular Tech; Cath Lab Tech; Licensed Vocational Nurse ("LVN"); Nuclear Medical Tech; Radiology Tech I, II and III; Respiratory Tech; Surgical Tech (also called OR Tech); and Ultrasound Tech; EEG Tech; Van Driver (in Admitting); Clerk/Typist (except in medical records and patient accounting); Certified Nursing Assistant ("CNA"); Cook; Courier; Central Supply Aide, Central Supply Tech; Dietary Clerk, Dietary Aide, Dietary Tech; EKG Tech; Emergency Room Tech; Food Service Workers I, II, and III; GI Tech; Housekeeper; Instrument Tech; Lab Assistant I, II, III, and IV; Lab Tech; Linen Folder; Monitor Observer/Monitor Tech; Unit Clerk/Nursing Assistant/Monitor Observer ("UC/NA/MO"); Nurses Aid; Obstetrics Tech ("OB tech"); Operating Room Aide; Operating Room Scheduler; Unit Clerk/Scheduler; Pharmacy Courier; Pharmacy Clerk; Printer; Project Housekeeper; Physical Therapy Aide; Buyer; Scrub Tech/Unit Clerk; Storeroom Clerk; Tissue Tech/Pathology Assistant; Unit Clerk; Materials Distribution Clerk; Materials Distribution Aide; Clerk (departments); Admitting Clerk (except discharge counselor and insurance verifier); Assistant Buyer; Transporter; Senior Nurses Aide; Unit Clerk/EKG Tech; Front Desk Receptionist and Pharmacy Tech.

**EXCLUDED:** All other employees, business office clericals, employee health employees, information systems employees, professional employees, guards, confidential employees, managerial employees and supervisors as defined in the Act.

### **DIRECTION OF ELECTION <sup>6/</sup>**

An election by secret ballot shall be conducted by the undersigned among the employees in the unit found appropriate at the time and place set forth in the notice of election to issue subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit who are employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained the status as such during the eligibility period and their replacements. Those in the military services of the United States Government may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether they desire to be represented for collective bargaining purposes by **CAREGIVERS AND HEALTHCARE EMPLOYEES UNION (CHEU) or by HEALTHCARE EMPLOYEES UNION LOCAL 399, SEIU, AFL-CIO, or by neither union.**

### **LIST OF VOTERS**

In order to assure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the



election should have access to a list of voters and their addresses which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *NLRB v. Wyman-Gordon Co.*, 394 U.S. 759 (1969); *North Macon Health Care Facility*, 315 NLRB 359 (1994). Accordingly, it is hereby directed that an election eligibility list, containing the **FULL** names and addresses of all the eligible voters, must be filed by the Employer with the Regional Director for Region 31 within 7 days of the date of the Decision and Direction of Election. The list must be of sufficiently large type to be clearly legible. This list may initially be used by me to assist in determining an adequate showing of interest. I shall, in turn, make the list available to all parties to the election, only after I shall have determined that an adequate showing of interest among the employees in the unit found appropriate has been established.

In order to be timely filed, such list must be received in the Regional Office, 11150 West Olympic Blvd., Suite 700, Los Angeles, California 90064-1824, on or before **October 26, 2001**. No extension of time to file this list may be granted, nor shall the filing of a request for review operate to stay the filing of such list except in extraordinary circumstances. Failure to comply with this requirement shall be grounds for setting aside the election whenever proper objections are filed. The list may be submitted by facsimile transmission. Since the list is to be made available to all parties to the election, please furnish a total of 2 copies, unless the list is submitted by facsimile, in which case no copies need be submitted. To speed the preliminary checking and the voting process itself, the names should be alphabetized (overall or by department, etc.).

### **RIGHT TO REQUEST REVIEW**

Under the provision of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W.,

Washington, DC 20570. This request must be received by the Board in Washington by November 2, 2001.

**DATED** at Los Angeles, California this 19<sup>th</sup> day of October, 2001.

/s/ James J. McDermott  
James McDermott, Regional Director  
National Labor Relations Board  
Region 31

## FOOTNOTES

- 1/ The name of the Employer appears as corrected at the Hearing.
- 2/ The Petitioner filed a Motion to Correct Transcript. It is my intention to issue an Order Granting Motion to Correct Transcript if no party files an opposition to that Motion by November 2, 2001.
- 3/ The Employer, Catholic Healthcare West Southern California, d/b/a Marian Medical Center, a subsidiary of Catholic Healthcare West Southern California, a non-profit California Corporation, is engaged in the operation of an acute care hospital located at 1400 East Church Street in Santa Maria, California. During the past 12 months, a representative period, the Employer in the course and conduct of its business operations derived gross revenue in excess of \$250,000 and within that same period of time the Employer purchased and received in California goods valued in excess of \$50,000 directly from enterprises located outside the State of California. Thus, the Employer satisfies the statutory jurisdictional requirement as well as the Board's discretionary standard for asserting jurisdiction herein. *Butte Medical Properties d/b/a Medical Center Hospital*, 168 NLRB 266 (1967).
- 4/ At the hearing, Healthcare Employees Union Local 399, SEIU, AFL-CIO was permitted to intervene on the basis of a sufficient showing of interest. The parties stipulated, and I find, that the Healthcare Employees Union Local 399, SEIU, AFL-CIO (hereinafter "the Intervenor") is a labor organization.

The Intervenor asserts that the Petitioner is not a labor organization within the meaning of the Act. The Employer declined to take a position with respect to this issue. The record reveals that the Petitioner exists, in whole or in part, for the purpose of dealing with employers concerning grievances, labor disputes, wages, rates of pay, hours of employment, or conditions of work. The Acting Director of the Petitioner testified that employees participate in the Petitioner. Although the record does not contain examples of such employee participation, his testimony is unrefuted. Therefore, I find that the Petitioner is a labor organization within the meaning of Section 2(5) of the Act.

- 5/ The Petitioner seeks to represent technical employees, skilled maintenance employees and other non-professional employees (other than technical employees, skilled maintenance employees, business office clericals and guards) at the

Employer's facility at 1400 East Church Street in Santa Maria, California in one combined unit. The Employer asserts that, pursuant to the Boards' Healthcare Rule, the combined unit is inappropriate and there must be three separate units – a technical unit, a skilled maintenance unit and a unit of all other non-professional employees except technical employees, skilled maintenance employees, business office clericals and guards. The Intervenor agrees with the Petitioner that the combined unit sought by the Petitioner is appropriate.

On April 21, 1989, the Board issued its *Final Rule on Collective Bargaining Units in the Health Care Industry*, which provides that the following eight (8) units are appropriate for acute-care hospitals: 1) all registered nurses; 2) all physicians; 3) all professionals except for registered nurses and physicians; 4) all technical employees; 5) all skilled maintenance employees; 6) all business office clerical employees; 7) all guards; and 8) all nonprofessional employees except for technical employees, skilled maintenance employees, business office clericals, and guards. 29 CFR Sec. 103.30, 54 FR 16336, reprinted at 284 NLRB 1580, 1596-1597. As noted in its *Second Notice of Proposed Rulemaking*, 53 FR 33900 (September 1, 1988), reprinted at 284 NLRB 1528, 1536 (1988), in determining the appropriate units for acute-care hospitals, the Board considered various factors, including uniqueness of function; training; education and licensing; wages, hours and working conditions; supervision; employee interaction; and factors relating to collective bargaining history.

In addition to setting forth the eight (8) appropriate units, the Board further ruled that various combinations of the eight (8) units may also be appropriate. In its *Second Notice of Proposed Rulemaking*, the Board explained that since there was insufficient evidence at that time to say that, *per se*, all combinations would be found appropriate, the issue of the appropriateness of combined units sought by labor organizations would have to be decided by adjudication in individual cases. The Board further noted, however, that “[w]hile there are some combinations that, while not required under these rules, would obviously be appropriate, such as ...all non-professionals, there may be other, more unusual combinations that need be examined for appropriateness.” 53 FR 33932, 284 NLRB at 1573. The Petitioner and the Intervenor assert that since the Board has stated that when sought by labor organizations, a combined unit of all non-professionals is “obviously appropriate,” then the petitioned-for unit here, of all non-professionals except guards and business office clericals should also “obviously” be appropriate.



Although the parties disagree as to whether there should be one combined unit, or three separate units, they did, with one exception, stipulate to which job classifications are technical and skilled maintenance, and to which job classifications are encompassed within the category of “all non-professional employees except technical employees, skilled maintenance employees, business office clerical employees, and guards.” For convenience, I will refer to the group of “all other non-professional employees except technical employees, skilled maintenance employees, business office clerical employees and guards” as “service and maintenance employees”.

The parties stipulated, and I find, that the following job classifications are within the category of technical employees: Cardiovascular Tech; Cath Lab Tech; Licensed Vocational Nurse (“LVN”); Nuclear Medical Tech; Radiology Tech I, II and III; Respiratory Tech; Surgical Tech (also called OR Tech); and Ultrasound Tech. There are approximately 94 employees in these technical positions. The parties stipulated, and I find, that the following job classifications are skilled maintenance: Biomed Tech and Engineer (also referred to as Maintenance Engineer). There are approximately ten employees in these skilled maintenance classifications.

The parties stipulated, and I find, that the following classifications are encompassed within the service and maintenance category : Van Driver in Admitting; Clerk/Typist (except in medical records and patient accounting); Certified Nursing Assistant (“CNA”); Cook; Courier; Central Supply Aide, Central Supply Tech; Dietary Clerk, Dietary Aide, Dietary Tech; EKG Tech; Emergency Room Tech; Food Service Workers I, II, and III; GI Tech; Housekeeper; Instrument Tech; Lab Assistant I, II, III, and IV; Lab Tech; Linen Folder; Monitor Observer/Monitor Tech; Unit Clerk/Nursing Assistant/Monitor Observer (“UC/NA/MO”); Nurses Aid; Obstetrics Tech (“OB tech”); Operating Room Aide; Operating Room Scheduler; Operating Room Unit Clerk/Scheduler; Pharmacy Courier; Pharmacy Clerk; Printer; Project Housekeeper; Physical Therapy Aide; Buyer; Scrub Tech/Unit Clerk; Storeroom Clerk; Tissue Tech/Pathology Assistant; Unit Clerk; Materials Distribution Clerk; Materials Distribution Aide; Clerk (departments); Admitting Clerk (except discharge counselor and insurance verifier); Assistant Buyer; Transporter; Senior Nurses Aide; Unit Clerk/EKG Tech; Front Desk Receptionist and Pharmacy Tech. There are approximately 315 employees in these non-professional positions.

The parties failed to reach an agreement as to whether the EEG tech should be considered to be a technical employee or should be considered part of the service and maintenance group. However, they stipulated that if an election is directed in three separate units, then the EEG tech should vote under challenge.

Pursuant to Section 9(b)(3) of the Act, guards could not be combined into a unit of other non-professional employees. Therefore, there are four (4) groups of non-professional employees that could be combined into a unit of all non-professionals. The Petitioner and Intervenor seek to represent employees in three (3) of these four (4) groups. Since the labor organizations are not seeking to represent a unit of *all* the non-professional employees, I am not bound by the Board's comment that such a unit "would obviously be appropriate."

Nevertheless, I am mindful of the fact that the Board stated it would find a unit of all non-professionals, which includes technical employees and skilled maintenance with other non-professional employees to be "obviously appropriate." The record does not establish that the office clerical employees, the group of non-professionals that the labor organizations seek to exclude, share a significant community of interest with the other non-professional employees. In its *Second Notice of Proposed Rulemaking*, the Board noted that office clerical employees generally have significantly different terms and conditions of employment from other non-professional employees and have little interaction with them. 53 FR 33925, 284 NLRB 1563. There is no evidence that the situation concerning the Employer's office clerical employees is different from the situation described by the Board in its *Second Notice of Proposed Rulemaking*.

When making unit determinations, the Board has held that it need not decide whether the petitioned-for unit is the only, or the most appropriate, unit for collective bargaining; rather it must only determine whether the requested unit is *an* appropriate unit. *Livingston College*, 290 NLRB 304, 305 (1988); *Appalachian Regional Hospitals*, 233 NLRB 542, 544 (1977). After evaluating the factors considered relevant by the Board in its rulemaking proceedings (284 NLRB at 1536), as well as the observations made by the Board in its *Second Notice of Proposed Rulemaking*, I have concluded that the petitioned-for combined unit is appropriate.

The Employer operates 24 hours/day, every day of the week. Generally, technical employees and service and maintenance employees work three separate shifts each day and the skilled maintenance employees work two shifts. However, at least

one skilled maintenance employee is either on site, or on call, during that third shift. The starting times for the shifts vary from department to department.

The record reveals that the same personnel manual applies to all employees, including the technical, skilled maintenance, and service and maintenance employees, and that all employees are subject to the same policies and procedures and disciplinary standards. The employees all receive the same benefit package, including a retirement plan, health care coverage, disability coverage, and life insurance benefits. In addition, they all receive the same holidays, vacation accrual, bereavement leave and jury duty leave. Also, there are certain hospital-wide training programs that all employees attend. In addition, all employees are invited to participate in hospital-wide social events and participate in the same employee recognition program.

The employees are classified into salary grades, based upon their job titles. The service and maintenance employees are classified as Grades 1 through 11. The skilled maintenance employees are classified as Grades 12 or 20, other than the Bio Med Trainee, who is classified as Grade 6. The technical employees are classified as Grades 13, 14, 18, 19 and 21. There is a pay range within each grade. Employees at the top end of the pay range for their grade, earn a higher hourly rate of pay than employees at the lower end of the pay range for higher grades. The service and maintenance employees classified as Grade 1 earn between \$6.44/hour and \$9.67/hour and those at Grade 11 earn between \$10.50/hour and \$15.74/hour. The skilled maintenance employees who are in Grade 12 earn between \$11.02/hour and \$16.53/hour and those at Grade 20 earn between \$16.28/hour and \$24.42/hour. The Bio-Med Trainee, who is a Grade 6, earns between \$8.22 and \$12.34/hour. The technical employees at Grade 13 earn between \$11.57/hour and \$17.36/hour and those at Grade 21 earn between \$17.20/hour and \$25.65/hour.

Generally, new employees are hired at the bottom end of the pay range for their grade. However, certain jobs are associated with hiring criteria and the starting salary for employees hired into these positions may vary based upon their prior experience. There are some service and maintenance classifications (including Unit Clerks and Lab Assistants) and there are some technical classifications (including Radiology Techs) that have hiring criteria.

The salary scale reveals that some service and maintenance employees may earn more than some technical employees. As noted by the Petitioner, according to the Employer's list of job titles by salary grade, there are employees in 11 different

service and maintenance positions in Grades 8 through 11 that may be paid the same or more than certain technical employees (including LVNs) who are at the lower end of the pay scale for their grade. Thus, contrary to the Board's observation in its *Second Notice of Proposed Rulemaking* that the wages of technical employees differs significantly from those of other non-professionals (53 FR 33918, 284 NLRB at 1554), the wages of the Employer's technical employees do not necessarily differ significantly from the wages of the other non-professional employees.

In its *Second Notice of Proposed Rulemaking*, the Board noted that skilled maintenance employees tend to earn 25% more than technicians and 76% more than service and maintenance employees and that the wage rate of lesser skilled maintenance employees almost always exceeds that of even the highest-paid service and maintenance employees. 53 FR 33921. 284 NLRB at 1557. Contrary to this observation, the Bio-Med Trainee, a skilled maintenance employee, earns less than some of the service and maintenance employees. Moreover, a Maintenance Engineer (a skilled maintenance position) at the lower end of his pay scale would earn less than service and maintenance employees who are at the higher end of the pay range for Grades 4 through 11.

The Plant Operations Manager is responsible for the skilled maintenance employees, who report to different supervisors under the Plant Operations Manager. The technical employees report to different supervisors. For example, the LVNs report to different Nursing Managers, who report to the Chief Nurse Executive. The radiology-related technical employees (including Nuclear Medicine Techs, Radiology Techs, Sonographers and Ultrasound Techs) report to different supervisors, who report to the Imaging Services Manager. The Imaging Services Manager ultimately reports to the Plant Operations Manager, who, as noted above, is responsible for the skilled maintenance employees.

The service and maintenance employees in different classifications report to different supervisors. However, there are supervisors and managers who oversee the work of some of the service and maintenance employees and who also oversee the work of technical employees. The Imaging Services Manager, who supervises the technical employees in his department, also oversees the work of service and maintenance employees in clerical support positions, such as the transporters and various Clerks in the Imaging Service Department. The Respiratory Therapist Supervisor who oversees the work of the EKG Techs (service and maintenance employees) also oversees the work of the Respiratory Techs (technical

employees). Similarly, the Manager of the Emergency Room oversees the work of the Unit Clerks and ER Techs (service and maintenance employees), as well as the work of the technical employees in that department. The Nursing Managers who supervise the LVNs in particular patient-care units also supervise the service and maintenance employees assigned to their units, including CNAs, UC/NA/MOs, Nurses Aides, and Unit Clerks. And, the Manager of the Surgery Department supervises Surgical Techs, who are technical employees, as well as Clerks, Instrument Techs, and OR Schedulers, who are service and maintenance employees. Therefore, there is overlap in the direct supervision of some of the technical employees and some of the service and maintenance employees. This evidence is contrary to the observation of the Board in its *Second Notice of Proposed Rulemaking* that technical employees usually have separate supervision from other non-professional employees. 53 FR 33919, 284 NLRB at 1554.

The technical employees generally are required to have a community college degree in a special area or have completed a special vocational program that usually requires two years of study. In addition, most technical employees are required to have a state license. The Employer provides a tuition reimbursement program for its employees. The Employer has a relationship with a local community college that trains LVNs. There are CNAs who have taken advantage of this program to become LVNs and there are LVNs who have taken advantage of this program to become registered nurses (“RNs”). The LVNs generally are required to complete a 2-year program and to maintain a State license, which must be renewed every three years. The Bio-Med Techs are required to have completed high school and to have attended additional training programs. The service and maintenance employees are required to have completed high school, or to have an equivalent education. Although some service and maintenance positions require a State or County certification, like the CNA, the ER Tech and the Pharmacy Tech positions, the required training for these certificates is not as extensive as the training for the technical positions.

As can be expected, in light of the required amounts of training and the licensing/certification requirements, the job functions of technical employees and skilled maintenance are not interchangeable. In fact, due to the specific licensing and certification requirements, the job functions of most technical employees are not interchangeable with those of other technical employees. Similarly, the job functions of the technical and the skilled maintenance employees are not interchangeable with the job functions of the service and maintenance employees.

There are examples in the record, however, of employees in one category helping employees in another category. For example, a Surgical Tech (technical employee) may assist a busy Surgery Scheduler (service and maintenance employee) in scheduling a surgery. Similarly, an LVN may assist a dietary employee in clearing a food tray or may assist a Nurse's Aide in assisting a patient. There also are instances when an Operating Room Aide (service and maintenance employee) may "scrub in" to work within a sterile field, assisting during certain surgical procedures, a function usually performed by Surgical Techs.

The Employer advertises internally for vacancies before advertising externally and applies a preference for current employees over non-employees, if all other factors are equal. Service and maintenance employees do transfer from one service and maintenance position to another, in another department. For example, housekeeping and dietary employees have transferred into clerical positions and some have even become CNAs after obtaining the proper training. Although it would be highly unusual for employees to transfer from a service and maintenance position to a technical position, there are instances where CNAs have become LVNs. The record also contains an example of a service and maintenance employee who eventually became a Surgical Tech. There is no evidence in the record of transfers between employees in skilled maintenance positions and other positions.

As one would expect in an acute-care hospital, employees in different classifications do interact with each other and the work they perform is integrated with the work of employees in other classifications. Service and maintenance employees interact with technical employees. For example, Instrument Techs interact with Operating Room Techs. The Unit Clerk/Nurse's Aide/Monitor Observer interacts with Surgical Techs, LVNs, Nuclear Med Techs and Respiratory Techs. Similarly, technical employees regularly interact with service and maintenance employees. For example, LVNs regularly interact with Nurses Aides; Unit Clerks; Food Service Workers; Radiology Clerks, Pharmacy Techs, Physical Therapy Aides, and the Housekeeping employees. The skilled maintenance employees have contacts with technical employees, as well as service and maintenance employees, when they repair and maintain equipment. They regularly make rounds through various departments to check equipment problems and may work with other employees to show them how to properly set up and use equipment.

In comparing the community of interest between the technical employees and the other employees in the petitioned-for unit, I am aware of the higher levels of skill

and training of the technical employees and the corresponding lack of interchange with other non-professional employees. However, the Board surely was aware of these factors when it stated that a unit of all non-professional employees, including technical employees, would “certainly be appropriate.” Moreover, unlike the general observations made by the Board in its *Second Notice of Proposed Rulemaking* concerning technical employees, the wages and hours of the technical employees in this case do not differ significantly from those of the other non-professional employees.

As noted above, I conclude that the petitioned-for combined unit does constitute an appropriate unit. In reaching this decision, I particularly note that both the Petitioner and the Intervenor seek to represent the service and maintenance employees, technical employees and skilled maintenance employees in a combined unit and the observation by the Board that a unit of all non-professionals would obviously be appropriate. I have considered the background evidence presented during the Board’s rulemaking process, record evidence that these employees

of the Employer do share a community of interest, and prior cases involving combined units. See, *Appalachian Regional Hospitals*, 233 NLRB 542 (1977), in which the Board found a “wall-to-wall” unit of all nonprofessional employees, including technical employees, to be an appropriate unit where the Petitioner sought to jointly represent the technical and service and maintenance employees, who work in the same areas, report to the same supervisors, have integrated job functions and have substantial and frequent contact with each other. See also *National G. South*, 230 NLRB 976 (1977), in which the Board found a unit of all employees, including licensed vocational nurses and service and maintenance employees, to be an appropriate unit in a nursing home where the Union sought to represent the broad unit and in which the Board, citing *Marquette General Hospital*, 218 NLRB 713 (1975) (a hospital case), noted that it has included technical employees in broader units of health care employees.

The parties stipulated that the following job classifications should be excluded from the bargaining unit or units found to be appropriate: Accountant; Accounting Clerk; Administrative Assistant (in Human Resources, Medical Records, Nursing Administration and Hospital Administration); Billing Reps; Case Management Employees; Clerks in Medical Records and Patient Accounting; Clinical Lab Scientist; Data Analyst; Dietician; Employee Health Employees; Executive Secretary; File Clerk; Materials Coordinator; Medi-Cal Coordinator; Patient

Accounts Rep; Payroll Coordinator; Pharmacist; Physical Therapist; Occupational Therapist; OT Aides; Patient Representative; Quality Analyst; Radiology Clerk Supervisor; Social Worker; Staffing Coordinator; Storeroom Coordinator; Student Intern; Student Worker; Tech Supervisor and/or Chief Tech and all employees not located at 1400 East Church Street.

There are approximately 419 employees in the unit.

- 6/ In accordance with Section 102.67 of the Board's Rules and Regulations, as amended all parties are specifically advised that the Regional Director will conduct the election when scheduled, even if a request for review is filed, unless the Board expressly directs otherwise.

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